Manually Signed

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES PÜRSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Expires: November 30, 2001 Estimated average burden hours per response

SEC USE ONLY													
Prefix		Serial											
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110	1893												

Name of Offering (check it his is an ame SimonDelivers.com, Inc 11,000,000 shar		· · · · · · · · · · · · · · · · · · ·		~ / ·	-40032									
Filing Under (Check box(es) that apply): Type of Filing: □ New Filing ☒ Amendm	□ Rule 504 ent	□ Rule 505	⊠ Rule 50	06 □ Section 4(6	S) □ ULOE									
	A, BASIC I	<u>DENTIFICATIO</u>	N DATA											
1. Enter the information requested about the	issuer													
Name of Issuer (check if this is an amendation of SimonDelivers.com, Inc.	nent and name ha	as changed, and ind	icate change.)	02013958									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area 1710 Douglas Drive, Golden Valley, MN 55422 (763) 656-5600														
Address of Principal Business Operations (if different from Executive Offices)	(Number a	nd Street, City, Stat	e, Zip Code)	Telephone Number (I	ncluding Area Code)									
Brief Description of Business														
Sale and home delivery of grocery product	s to consumers													
Type of Business Organization														
□ corporation □ business trust	•	ership, already formership, to be formed	L	other (please specify)	1 2000									
Actual or Estimated Date of Incorporation or	Organization:	Month Year 1 0 9 7	⊠Actual	□ Estimated	(FEB S 0 S005									

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

CN for Canada; FN for other foreign jurisdiction)

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

THOMSON FINANCIAL

MN

A. DASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ⊠ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Foster, Simon Business or Residence Address (Number and Street, City, State, Zip Code) 1710 Douglas Drive N., Golden Valley, MN 55422 ☐ Beneficial Owner ☐ Executive Officer ☑ Director Check Box(es) that Apply: □ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Sullivan, Brian Business of Residence Address (Number and Street, City, State, Zip Code) 1710 Donglas Drive N., Golden Valley, MN 55422 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Hartwell, Charles Business or Residence Address (Number and Street, City, State, Zip Code) 11660 S. Highway 100, Suite 426, St. Louis Park, MN 55416 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Herskovits, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 600 Central Ave., Suite 380, Highland Park, IL 60035 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Bannister, David G. Business or Residence Address (Number and Street, City, State, Zip Code) 9690 Deereco Road, Suite 800, Timonium, MD 21093 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Gardner, Todd Business of Residence Address. (Number and Street, City, State, Zip Code) 1100 Chiquita Center, 250 East Fifth Street, Cincinnati, OH 45202 Check Box(es) that Apply: Promoter ■ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Gould, James

312 Walnut Street, Cincinnati, OH 45202

Business or Residence Address (Number and Street, City, State, Zip Code

1. H	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
2. W	hat is the	minimum i	investmen			- -		_				\$	5,000		
	2. Does the offering permit joint ourseship of a single unit?														
	3. Does the offering permit joint ownership of a single unit?														
if or	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. ull Name (Last name first, if individual)														
			if individ	lual)											
	n Capital,								· · · · · · · · · · · · · · · · · · ·						
	Business or Residence Address (Number and Street, City, State, Zip Code) 4920 IDS Center, 80 South Eighth Street, Minneapolis, Minnesota 55402														
	Name of Associated Broker or Dealer														
Name o															
States i	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Chec	k "All Sta	tes" or chec	k individ	ual States)							□ All Stat	es		
[ALL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
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Name o	f Associat	ed Broker (n Dealer												
States i	n Which P	erson Liste	d Has Sol	icited or L	atends to S	Solicit Pur	chasers								
(Chec	k "All Sta	tes" or chec	k individ	ual States)								□ All Stat	es.		
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[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Type of Security	o	Aggregate ffering Price)	Amount Alı Sold				
	Debt		_		<u>\$</u>	-0-			
	Equity	<u>s</u> _	22,000,000	<u>0</u>	<u>s</u>	21,302,038			
	□ Common ⊠ Preferred								
	Convertible Securities (including warrants)	s	-0-	_	\$	-0-			
	Partnership Interests			-	\$	-0-			
	Other (Specify)			-	<u>\$</u>	-0-			
	Total			-	<u>s</u>	21,302,038			
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	22,000,000	2	<u> </u>	21,002,000			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."								
	•		Number Investors		Do	Aggregate llar Amount Purchases			
	Accredited Investors				\$	21,302,038			
	Non-accredited Investors				\$	-0-			
	Total (for filings under Rule 504 only)			•		N/A			
	Answer also in Appendix, Column 4, if filing under ULOE.	_		•					
	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Type of Security			llar Amount Sold			
	Rule 505		N/A		<u>\$</u>	N/A			
	Regulation A				<u>\$</u>	N/A			
	Rule 504				<u>s</u>	N/A			
	Total		N/A		<u>\$</u>	N/A			
.	a. Furnish a statement of all expenses in connection with the issuance and distribution offhe securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.								
	Transfer Agent's Fees				<u>\$</u>	-0-			
	Printing and Engraving Costs			Ø	<u>\$</u>	<u>2,500</u>			
	Legal Fees				<u>s</u>	95,000			
	Accounting Fees				<u>\$</u>				
	Engineering Fees				<u>s</u>				
	Sales Commissions (specify finders' fees separately)			×	<u>s</u>	600,000			
	Other Expenses (identify) Filings fees, courier services			☒	<u>\$</u>	17,500			
	Total			Ø	<u>\$</u>	715,000			

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— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)